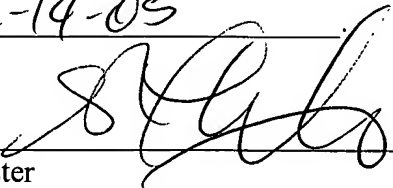




## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 12-14-05  
  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/736,661

Filed: December 14, 2000

Confirmation No.: 8279

Group Art Unit: 2613

Examiner: An, Shawn S.

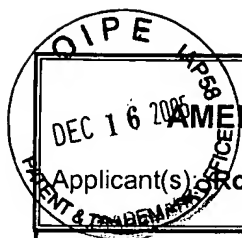
Docket No.: A-6280 (191910-1750)

**For: System and Method for Adaptive Video Processing with Coordinated Resource Allocation**

The following is a list of documents enclosed:

Return Postcard  
Request for Continued Examination  
Amendment Transmittal Page  
Fee Transmittal  
Form 2038 authorizing \$790.00 for the RCE  
Seventh Response and Amendment

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Rodriguez, et al.**

Docket No.

**A-6280 (191910-1750)**Serial No.  
**09/736,661**Filing Date  
**December 14, 2000**Examiner  
**An, Shawn S.**Confirmation No.  
**8279**Group Art Unit  
**2613**Invention: **System and Method for Adaptive Video Processing with Coordinated Resource Allocation****Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450**

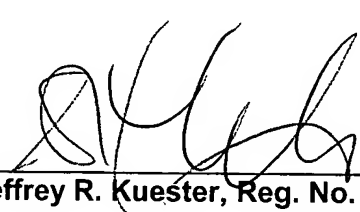
Transmitted herewith is Seventh Response and Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	39 =	0	X \$50.00	\$0
INDEP. CLAIMS	6 -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$790.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00 for the RCE.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**12-14-05  
\_\_\_\_\_  
Date